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July 14, 2005

Mail Stop 16 Director of the US Patent and Trademark Office P.O. Box 1450 Alexandria, VA 22313-1450

Re:

Deposit Account No. 23-3000

Dear Director:

This letter concerns a error which was made on our June, 2005 statement for the above-identified Deposit Account No. 23-3000. There is a \$344.00 charge for independent claims in excess of 20 for Serial No. 10/083,001 (Our Ref.: DPL-19). On April 12, 2005, a request for refund was made for a \$400.00 charge for independent claims in excess of 20 (copy enclosed). This refund request was granted on June 15, 2005, the same day that our account was again charged \$344.000 for independent claims in excess of 20. We believe this charge is in error. The issue and publication fees (\$1,000) were paid on April 29, 2005 and the patent issued on July 5, 2005. Please immediately credit our Deposit Account No. 23-3000 for the above identified charge of \$344.00 to offset this error. If you have any questions or need further information, please contact me.

Thank you for your cooperation in this matter.

Very truly yours,

Keith R. Haupt

KRH\llt Enclosure K:\DPL\19\request for refund2'.wpd

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PATENT

## IN THE UNITED STATES PATENT AND TRADEMARKIOFFICE

In re application of: Jack S. Oh

Serial No.: 10/083,001

Examiner: Robin Hyrton

Filed: February 26, 2002

Group No.: 3727

For:

CLOSURE AND CONTAINER WITH ANTI-BACKOFF CAPABILITY

Mail Stop Non-Fee Amendment (Fee Amendment)

**Commissioner for Patents** 

P.O. Box 1450

Alexandria, VA 22313-1450

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## AMENDMENT TRANSMITTAL

- 1. Transmitted herewith is an amendment for this application.
- 2. \_X\_ Small Entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
  - Enclosed is a verified statement to establish small entity status.
  - \_\_\_\_ Other Than a Small Entity.
- . 3. The fee has been calculated as shown below:

	(Col. 1)		(Cal. 2)	(Cal. 3)	SMALL ENTITY		LARGE ENTITY	
٠	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit.	Rate	Addit. Fee
TOTAL	*32	MINUS	**32		x9	\$	x18	\$
INDEP.	<b>*</b> 12	MINUS	***11	1	x43	\$43.00	x86	\$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+145	\$	+290	\$
					TOTAL	\$43.00	TOTAL FEE	\$

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest No. Previously Paid for IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest No. Previously Pald for" IN THIS SPACE is less than 3, write "3" in

The "Highest No. Previously Paid for" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Nα	lennitibbe <i>i</i>	l foo for	rlaime	is required

- X Total fee for claims required \$ 43.00 ......
- 4. Attached is a check in the sum of \$\_\_\_\_
  - X Please charge my Deposit Account No. 23-3000 in the amount of \$ 43.00 . A duplicate copy of this sheet is attached.

PAGE 224 \* REVD AT 4/2/2004 R:54:04 AM (MARAIM) DaySgrid Time] \* SVR:USPTO-EFXRF-1/8 \* DIGS:8729302 \* CEID:513 241 6234 \* DURATI N (mm-46):07-28

06/15/2005 SDIRETA1 00000015 233000 1008300

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